

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09935290** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6		4				
7		4		3		
8		4		3		
9		4		3		
10		4		3		
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19		1				
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50						
TOTAL IND.	11	10	3			
TOTAL DEP.	54	83	16			
TOTAL CLAIMS	70		19			

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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS